

ATTORNEY DOCKET NO. 03311.0016U2
ELECTRONIC FILING
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
)
 Sabato, et al.) Art Unit: 2616
)
 Application No. 10/734,081) Examiner: Viana Di Pisco, German
)
 Filing Date: December 10, 2003) Confirmation No. 7960
)
 For: SYSTEM AND METHOD FOR QUEUE)
 MANAGEMENT USING QUEUE SETS)

TRANSMITTAL LETTER

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer Number 23859

Sir:

Transmitted herewith is the following in the above-identified application:

<input checked="" type="checkbox"/>	Response to Office Action	<input type="checkbox"/>	Petition to Extend Time
<input checked="" type="checkbox"/>	Fee as calculated below	<input type="checkbox"/>	Supplemental Declaration
<input type="checkbox"/>	No Additional Fee Required	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Corrected Drawings	<input checked="" type="checkbox"/>	Other <u>Request for Continued Examination (RCE)</u>

CLAIMS AS AMENDED						
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims		14	14	X \$50.00		\$0.00
Independent Claims		2	2	X \$200.00		\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$360.00		\$0.00
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$460 <input type="checkbox"/>	3 rd Month \$1050 <input type="checkbox"/>	4 th Month \$1640 <input type="checkbox"/>	5 th Month \$2230 <input checked="" type="checkbox"/>	\$0.00
<input type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						-\$0.00
TOTAL FEE DUE						\$0.00

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Payment:

- A check in the amount of \$ _____ is enclosed.
- Payment by credit card in the amount of \$ _____ for the fees designated above is submitted via enclosed Form PTO-2038.
- Payment by credit card in the amount of \$810.00 for RCE fee is submitted via EFS-Web.
- The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$ _____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Respectfully submitted,

NEEDLE & ROSENBERG, P.C.

Charley F. Brown #52,658/
Charley F. Brown
Registration No. 52,658

NEEDLE & ROSENBERG, P.C.
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